Top Ten Things To Know
Guidelines for the Management of Spontaneous Intracerebral Hemorrhage (ICH)

1. Intracerebral hemorrhage is considered a medical emergency--neurological deterioration occurs commonly within the first few hours of ictus with a decrease in Glasgow Coma Scale (2 or more points) occurring in about 20% of ICH patients.

2. Emergency departments should have a plan in place for rapid triaging and transfer to a tertiary care center for higher critical care management, including neurology, neurosurgery, and neuroradiology.

3. Rapid acquisition of neuroimaging is critical to monitor for hematoma expansion. This increases the risk of poor functional outcome and death.

4. Medical treatment of ICH, including stabilizing issues related to underlying hemostatic abnormalities that may have contributed to the ICH, are addressed in this guideline update.

5. Hypertension is a risk factor for ICH. Very high blood pressures are commonly seen in the acute setting. New research related to blood pressure management in the acute ICH setting are addressed in this guideline update. Class I recommendations are issued.

6. This guideline includes recommendations for the general management of ICH and prevention of secondary brain injury. Areas covered are general monitoring, nursing care, glucose, temperature management, seizure management, and management of medical complications.

7. Surgical modalities are discussed in this guideline and include: intracerebral pressure monitoring and treatment, and surgical evacuation of the hematoma, including minimally invasive surgery.

8. Intraventricular hemorrhage (IVH) occurs in about 45% of patients with spontaneous ICH, and carries with it a high risk for poor outcome (high morbidity and mortality as an independent factor). Management of IVH is discussed in this guideline update.

9. Prediction of outcome and withdrawal of technological support, prevention of recurrent ICH, and rehabilitation and recovery issues are discussed in this guideline.

10. The acute treatment of ICH is under investigation to further understand best treatment practices. This guideline encompasses the most recent evidence to help guide clinical nursing and medical care of patients with ICH.